

**SPECIAL LICENSES**  
**For Beer and Wine**  
**ADAMS FARM**  
**And other Town Property**

1. Special Licenses are required if you keep, expose, sell or deliver any alcoholic beverages. They are issued to persons holding a function at a place that presently doesn't have a liquor license.
2. License is limited to Wine and Malt Licenses only. The License has to be made out in the name of the person having the function.
3. In all cases where wine and/or malt is served, it must be by a caterer or bar service . All persons involved in the service of liquor are required to attend a server training program and must be server trained prior to serving any alcoholic beverages. Copies are to be on file in the Selectmen's Office. (TIP Certified)
4. Copy of Worker's Compensation Affidavit must be filled out by the bartending/caterer and, if applicable, a copy of the Worker's Compensation Certificate of Liability Insurance submitted.
5. All Alcoholic beverages must be purchased from a licensed Massachusetts Wholesaler and must be removed after function.
6. The Caterer/bar service must provide evidence of Liquor Liability insurance naming the Town of Walpole as additional insured. The coverage shall be at a minimum of \$1,000,000 per occurrence and \$3,000,000 aggregate.
7. The Town shall also require a certificate for General liability naming the Town of Walpole as additional insured on a per occurrence basis \$1,000,000 bodily, injury & property damage.
8. The wine/malt per the ABCC may not be delivered until the day of the event and removed the same day.
9. A police detail , a minimum of (1) detail to run from one hour before the start and one hour after the end of the event. The Board may request additional officers.
10. The Beer/Wine may not be served prior to 11 a.m. Mon-Sat and noon on Sundays.
11. A sketch of the area showing where the bar will be located shall be provided and clearly indicating how the beer/wine will not be consumed outside the licensed area. Whether that be a tent or segregated temporary fenced in area on the town's property.
12. Fee is \$35.00 for a Wine and Malt .
13. Approval must be received from the Police Department for the function.
14. The license shall be posted in a conspicuous location during the event.



TOWN OF WALPOLE  
Application for One Day License

Date of Application \_\_\_\_\_ Date of Event \_\_\_\_\_

A special license is a temporary license issued to a responsible party. The Board may issue a Wine and Malt license to any enterprise; however, only non-profit organizations may be issued a one day All Alcoholic License. No more than 30 one day licenses may be issued to any person per calendar year. Special License holders **MUST** purchase alcoholic beverages for a wholesaler, not from a package store and **CANNOT** accept donations of alcoholic beverages from anyone.

The application is for:

☐ All Alcoholic Beverages ☐ Wine and Malt only

Is this your first application? \_\_\_\_\_

Name of Non-Profit Organization/or individual \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Event Manager if applicable \_\_\_\_\_

Name of Bartending Service if applicable \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Proof of TIP Certification \_\_\_\_\_

**EVENT INFORMATION**

Description \_\_\_\_\_

Location \_\_\_\_\_

Estimated Attendance \_\_\_\_\_ Hours of Event \_\_\_\_\_

Approved by Board \_\_\_\_\_ Restrictions \_\_\_\_\_

**IF LOCATED ON TOWN PROPERTY**

The applicant must further provide:

Copy of Liquor liability insurance.

A signed Release from Liability, Indemnity and Hold Harmless Agreement

An 8 x 11 floor plan of the premises (Indoors or Outside) to be licensed showing the exact location within the event area where alcoholic beverages will be sold, served, and consumed and indicating all entrances and exits.

Police presence is required at the cost of the applicant. The number of officers required is at the discretion of the Police Department.

***The ABCC strongly urges that applicants for a 1-Day license submit their applications to the local licensing authorities at least sixty (60) days prior to their event. This will ease the burden on the local licensing authorities, while allowing organizations enough time to rectify any issues that they may have with their applications prior to their event.***

**RELEASE FROM LIABILITY, INDEMNITY  
AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, in consideration of my being  
allowed to \_\_\_\_\_  
\_\_\_\_\_ do forever

RELEASE, acquit, discharge and covenant to hold harmless the Town of Walpole, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, attorneys and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of in any way arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have or may acquire, resulting or to result from said participation in the aforementioned activities. Furthermore, I hereby agree to protect the Town of Walpole and its successors, departments, officers, employees, servants, attorneys and agents against any claim for damages, compensation or otherwise arising out of or resulting from any injury to any party in connection with said participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town of Walpole or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, which the Town of Walpole or its representatives may have to pay if any litigation arises from said participation in the aforementioned activities.

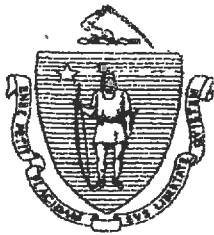
I hereby further covenant for myself, my successors and assigns not to sue the said Town of Walpole, its departments, officers, employees, servants, attorneys, and agents on account of any such claim, demand or liability.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Applicant User : \_\_\_\_\_

Please print name: \_\_\_\_\_

Telephone: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant Information**

**Please PRINT legibly**

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- ☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Other  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone # \_\_\_\_\_

**official use only** do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_